

Internal Rabies Number  
ODH LAB USE ONLY

Ohio Department of Health Laboratories  
**Rabies Test Submission Report**

LITS NUMBER  
ODH LAB USE ONLY

**Animal Information** (to be completed by submitter)

|                                                                                                                                                                                                                                                                                                                              |                                            |                                                                         |                             |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|-------------------------------------------------------------------------|-----------------------------|
| Species:<br>Bat <input type="checkbox"/> Cat <input type="checkbox"/> Dog <input type="checkbox"/> Horse <input type="checkbox"/> Raccoon <input type="checkbox"/> Other (indicate) <input type="checkbox"/> _____                                                                                                           | Predominant Breed:<br><input type="text"/> | Sex<br><input type="checkbox"/> Male<br><input type="checkbox"/> Female | Age<br><input type="text"/> |
| Reason for Test: (Check the primary reason)<br><input type="checkbox"/> Human Exposure <input type="checkbox"/> Odd Behavior/Sick/Wounded <input type="checkbox"/> Found Dead<br><input type="checkbox"/> Pet/Domestic Animal Exposure <input type="checkbox"/> Nuisance/Otherwise Healthy <input type="checkbox"/> Roadkill |                                            |                                                                         |                             |
| Date of Collection (MM/DD/YYYY) <input type="text"/>                                                                                                                                                                                                                                                                         |                                            |                                                                         |                             |
| Owner's address or location where found:<br><input type="text"/>                                                                                                                                                                                                                                                             |                                            | County<br><input type="text"/>                                          |                             |
| City<br><input type="text"/>                                                                                                                                                                                                                                                                                                 | State<br><input type="text"/>              | ZIP<br><input type="text"/>                                             |                             |
| Latitude (in decimal degrees) <input type="text"/>                                                                                                                                                                                                                                                                           |                                            | Longitude (in decimal degrees) - <input type="text"/>                   |                             |

**Case Administration** (to be completed by submitter)

|                                                                                                                           |                                                      |                                                                                                            |
|---------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------|------------------------------------------------------------------------------------------------------------|
| Human exposures? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown                | # of persons bitten <input type="text"/>             | # of non-bite exposures <input type="text"/>                                                               |
| Post-exposure prophylaxis? <input type="checkbox"/> Yes <input type="checkbox"/> No                                       | # of persons treated for rabies <input type="text"/> | Animal exposures <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |
| Name of <input type="checkbox"/> person exposed or <input type="checkbox"/> pet owner (Check One)<br><input type="text"/> |                                                      |                                                                                                            |
| Submitter of Animal: Last Name<br><input type="text"/>                                                                    | First Name<br><input type="text"/>                   | Telephone<br><input type="text"/>                                                                          |

**Local Health Department Information**

(to be completed by submitter)

|                                                      |
|------------------------------------------------------|
| Local Health Department Name<br><input type="text"/> |
| Contact person<br><input type="text"/>               |
| Telephone<br><input type="text"/>                    |
| Comments<br><input type="text"/>                     |

**Submitter Address for Reporting Results**

|         |       |     |
|---------|-------|-----|
| Name    |       |     |
| Address |       |     |
| City    | State | ZIP |
| Phone   |       |     |
| Fax     |       |     |

**Bill To:** (see submission guidelines for non-exempt testing)

|         |       |     |
|---------|-------|-----|
| Name    |       |     |
| Address |       |     |
| City    | State | ZIP |
| Phone   |       |     |

**For Lab Use Only**

|                                                                                                                                                                                 |                                                                                |                                                                                        |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------|----------------------------------------------------------------------------------------|
| Date Received                                                                                                                                                                   | Billing <input type="checkbox"/> Exempt <input type="checkbox"/> Fee Due       | Specimen Type <input type="checkbox"/> Brain <input type="checkbox"/> Skull Impression |
| Specimen Condition <input type="checkbox"/> Decomposed <input type="checkbox"/> Mutilated <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory/missing |                                                                                |                                                                                        |
| Test Name: Direct Fluorescent Antibody                                                                                                                                          | DFA Result <input type="checkbox"/> Positive <input type="checkbox"/> Negative |                                                                                        |
| Date Reported                                                                                                                                                                   | Person contacted with result                                                   | Date of Call                                                                           |
|                                                                                                                                                                                 |                                                                                | Initials                                                                               |

# Ohio Department of Health Laboratory

## Guidelines for Rabies Specimen Submission

### **Reporting Requirements**

All rabies suspect animals and animal bites must be reported to your local health department within 24 hours of the bite occurring. A list of LHDs is available on the ODH website at <http://www.odh.ohio.gov>.

### **Laboratory Testing**

The standard test for detecting rabies is a fluorescent antibody test on brain tissue. If the test is positive, it is assumed the saliva also contained virus and the animal was infectious for rabies. If the test is negative, rabies virus is considered not to have been in the saliva. Rabies specimens are processed Monday through Friday afternoons, and results are read the following workday morning. Results are then phoned to the submitter. Rabies samples should be addressed as below:

Ohio Department of Health Laboratory  
8995 E. Main Street  
Building 22 (ODHL)  
Reynoldsburg, Ohio 43068  
(614) 644-4654

Only rabies testing is done at Ohio Department of Health (ODH). If a diagnosis other than rabies is of interest, contact a veterinary pathology service such as The Ohio State University Veterinary School at (614) 292-5661 or the Ohio Department of Agriculture at (614) 728-6220. Often specimens can be sent to them first, and they will forward tissue to ODHL. These and/or other private labs may have their own fees.

### **Appropriate Specimens**

Live animals will not be accepted at the lab. Send only the head of animal to be tested. In the case of bats, mice and gerbils, the whole animal is suitable. Tissue must be fresh. Do not submit maggot-infested or extremely decomposed specimens or specimens fixed in formalin.

### **Specimen Preparation**

Animals should be killed in a humane manner without damaging the skull. Only experienced persons or veterinarians with current rabies pre-exposure prophylaxis should perform decapitations of rabies-suspect animals. Water-repellent gloves, protective clothing and goggles should be worn for safety. Carcasses should be disposed of in accordance with local and state laws.

### **Charge for Testing**

There is a \$30 charge for pet and wild rodents including gerbils, hamsters, guinea pigs, mice, rabbits, rats, squirrels and chipmunks, shrews and moles. There is no charge for testing other animal species. Please make checks payable to

“Treasurer, State of Ohio”. Business entities should include their Federal Tax ID number on the check.

In counties where raccoon rabies is endemic, fee exemption may be requested for testing rabbits or wild rodents. This will be considered only in situations where the rabbit or rodent has displayed clinical signs compatible with rabies and there has been a human exposure. Contact the ODH Zoonotic Disease Program at (888) 722-4371.

### **Specimens Handling and Packaging**

Animal heads or brain tissue should be kept refrigerated but not frozen. The specimen should be double bagged using heavy plastic and each bag should be properly sealed. Do not use metal twist ties. If the specimen has any sharp protruding parts such as shattered bone, wrap it in several layers of newspaper first. Place the bagged specimen in an insulated container and surround the specimen with frozen packs. If dry ice must be used, place aluminum foil or several layers of newspaper between it and the specimen to prevent freezing. If more than one animal of the same species is submitted in a container, each head should be bagged and tagged separately for identification. Seal container securely with tape.

A fully completed Rabies Test Submission Report must be included for each specimen submitted. If the form is submitted within the shipping container, be sure it is sealed in a separate waterproof bag in the event of leakage. If necessary, securely affix it in an envelope to the outside of the container.

### **Shipping**

Specimens should be either hand delivered, or sent by overnight courier service. Do not ship on Fridays or before holidays as there may be no one at the lab to accept delivery on weekends. Instead, hold the specimen until the following weekday.

Specimens can be delivered directly to the ODHL from 8 a.m. until 5 p.m. Monday through Friday. There is no after-hours or weekend access to the laboratory facility to drop off specimens.

### **Emergency**

For questions or an emergency testing situation, call the ODHL during business hours at (614) 644-4654. . The ODH Zoonotic Disease Program is also available to answer rabies exposure questions at (888) 722-4371 or (614) 752-1029. Additional information on rabies is available on the ODH Rabies Web site <http://www.odh.ohio.gov> or the Centers for Disease Control and Prevention at <http://www.cdc.gov>.